

www.mass.gov/abcc

LICENSE NUMBER: 06360000	01	CITY OR TOWN LUNENBU	URG
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: SE-FLAN	INC.		
DOING BUSINESS A SEAN P	ATRICK'S		
ADDRESS 494 ELECTRIC AV	E.		
CITY/TOWN: LUNENBURG	STATE: MA	ZIP CODE: 01462	
MANAGER: FLANNAGAN, COLLEEN	TYPE OF LICENSE: Re	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	_
DESCRIPTION OF LICENSED			
	N PIERCE AVE CONTAININ	TRANCES AND EXITS ON ELL NG ONE DINING ROOM, BAR	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for the	e same premises now licensed;	
2. the licensee has comp	olied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now	open for business (If not exp	lain below)	
SIGNED BY Individua	l, Partner or Authorized Corp	orate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
Acts of 2004, signed by the bu	ilding inspector and the hea	ne certificate required by Chapt ad of the fire department for the urance required by Chapter 110	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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LICENSE NUMBE	R: 063600004		CITY OR TO)WN LUNENBU	JRG
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: RNDC Compa	any			
DOING BUSINESS	S A RG Scooters				
ADDRESS 84 LAK	EFRONT				
CITY/TOWN: LU	NENBURG	STATE: MA	ZIP COD	DE: 01462	
MANAGER: New	man, Rhonda	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:	_			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRI	EMISES:			
		OG WITH TWO ENTRA HEN AND STORAGE R		(IT CONTAINING	G A
I hereby certify and	swear under pena	alties of perjury that:			
1. the renev	wed license will b	be of the same type for the	ne same premises	s now licensed;	
	-	with all laws of the Con		ting to taxes; and	
3. the prem	ises are now oper	n for business (If not exp	olain below)		
SIGNED BY	Individual Pa	urtner or Authorized Corp	oorate Officer		
	indi (iddai, i d	ruler of rulinorized corp	Solute Officer		
DATE:	TEI EDI	HONE NUMBER:	EMPI	LOYER IDENTIFICAT	TION NUMBER:
	IELEFI	HONE NUMBER.		OT Individual Social S	
					204 84
		e are in possession (1) t ng inspector and the he			
, 0	•	te of liquor liability ins		•	
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	la im)				
(If disapproved expl	iaiii)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUI	MBER: 063600009		CITY OR TOWN LUNE.	NBURG
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSIN	AME: AMERICAN GRA NESS A 3 SUMMER ST.	FFITI INC		
CITY/TOWN:	LUNENBURG	STATE: MA	ZIP CODE: 01462	
MANAGER:	JENNISON, TODD TY	PE OF LICENSE: Re	staurant CATEGOI	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREMI			
	R OF A TWO STORY BLI AREA WITH ENTRANCI		F TWO ROOMS AND KITO	CHEN AND
I hereby certify	and swear under penalties	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed	;
	•		nonwealth relating to taxes; a	and
3. the	premises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Cl d of the fire department for rance required by Chapter	the above
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
. 11	- /			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY I	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 13	88 \$ 16A)



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LICENSE NUM	IBEK: 063600010		CITY OR TOW	IN LUNEND	UKU
APPLICATION	FOR RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA DOING BUSIN	ME: DONNELLY ESS A	'S TAVERN, INC.			
ADDRESS 43 S	SUMMER ST. & YO	OUNGS			
CITY/TOWN:	LUNENBURG	STATE: MA	ZIP CODE:	01462	
MANAGER:	DONNELLY, JOHN D.	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PR	REMISES:			
ENTRANCE A	ND EXIT ON YOU	/ING 3 ENTRANCES A NGS RD. COMBINATI OR STORAGE AND HI	ON DINING ROO	M AND BARR	OOM,
I hereby certify	and swear under per	nalties of perjury that:			
1. the re	enewed license will	be of the same type for the	ne same premises n	ow licensed;	
2. the li	icensee has complied	d with all laws of the Cor	nmonwealth relatir	ng to taxes; and	
3. the p	remises are now ope	en for business (If not ex	plain below)		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:					
DATE:	TELEF	PHONE NUMBER:		YER IDENTIFICATE Individual Social Seconds	
			(11010. <u>1101</u>	, ilidividuai Sociai i	security (vulliber)
Acts of 2004, s	igned by the buildi	we are in possession (1) ng inspector and the heate of liquor liability in	ad of the fire dep	artment for the	e above
Please Check Below	<u>v:</u>		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					
~					



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LICENSE NUM	MBER: 063600011		CITY OR TOWN	LUNENBURG
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: 449 CORPORATIONESS A LAKEVIEW CL			
ADDRESS 449	WHALOM RD.			
CITY/TOWN:	LUNENBURG	STATE: MA	ZIP CODE:	01462
MANAGER:	NORTON, TY	PE OF LICENSE: Ger pre	neral on CA mise	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
DESCRIPTION	PLEASE ALSO VISIT OUR W N OF LICENSED PREMI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
TWO STORY REAR. LARGE	WOOD FRAME BLDG V E BAR AND LOUNGE A OILET AND WASHING	VITH TWO ENTRAI REA WITH SEATIN		
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of	the same type for the	same premises now	licensed;
	licensee has complied with		_	taxes; and
3. the ₁	premises are now open for	business (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEDUON	E NUMBER:	EMPL OYER	DENTIFICATION NUMBER:
	TELEFHON	E NUMBER.		ividual Social Security Number)
Acts of 2004,	signed, attest that we are signed by the building in and (2) the certificate of	spector and the head	l of the fire departr	nent for the above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	capiani)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 063600013		CITY OR TOWN LUNEN	BURG
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	VASTA, INC			
DOING BUSINESS	A LUNENBURG I	LIQUORS		
ADDRESS 433 ELE	CTRIC AVENUE			
CITY/TOWN: LUN	ENBURG	STATE: MA	ZIP CODE: 01462	
MANAGER: HALL ANA	KIADAKIS, TY STASIA	PE OF LICENSE:Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMI	ISES:		
AND ONE ROOM F	OR SALES AND D	DISPLAY. ONE STO	SIDE ENTRANCE FOR DEL RAGE ROOM AND CELLAR HAVING A SEPARATE ENT	USED
I hereby certify and s	wear under penaltie	s of perjury that:		
1. the renew	ed license will be of	f the same type for the	e same premises now licensed;	
2. the license	ee has complied with	h all laws of the Com	monwealth relating to taxes; ar	nd
3. the premis	ses are now open for	r business (If not expl	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 063600014		CITY OR TOWN LUNENB	URG
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
	ME: GENGHIS, INC. ESS A CENTRE PIZZA	A & VARIETY		
ADDRESS 135	3 MASS AVE			
CITY/TOWN:	LUNENBURG	STATE: MA	ZIP CODE: 01462	
	WERNICK, TY ANASTASIA	PE OF LICENSE: Pac	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:			
DESCRIPTION	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	1AIL ADDRESS	
 the re the li 		f the same type for the h all laws of the Comn	same premises now licensed; nonwealth relating to taxes; and nin below)	
SIGNED B1	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social s	
Please Check Below APPROVED: [DISAPPROVEI (If disapproved	D:		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063600016		CITY OR TOW	IN LUNENDO	UKU
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 333 MAS	SACHUSETTS	AVE			
CITY/TOWN: LUNI	ENBURG	STATE: MA	ZIP CODE:	01462	
MANAGER: BISOI	ANGELO	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRE	EMISES:			
		H ENTRANCE AND I ES AND DISPLAY AN			
	s are now open	with all laws of the Cor	olain below)	ng to taxes; and	
DATE:	TELEPH	IONE NUMBER:		YER IDENTIFICATE	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBE	R: 063600020		CITY OR TO	WN LUNENBU	JRG
APPLICATION FO	R RENEWAL:	Annual	Ll	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: COSIMI CORP.				
DOING BUSINESS	S A THE BOOTLEG	GER			
ADDRESS 50 MAS	SS AVE				
CITY/TOWN: LU	NENBURG	STATE: MA	ZIP COD	E: 01462	
MANAGER: COS	SIMI, ALLAN S. TY	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
	WITH FUNCTION I 2nd floor has one din				OUNGE &
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	wed license will be of	the same type for th	e same premises	s now licensed;	
2. the licen	see has complied with	h all laws of the Com	nmonwealth rela	ting to taxes; and	
3. the prem	ises are now open for	business (If not exp	olain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICATE OT Individual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the hea	ad of the fire de	epartment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	Loin				
(If disapproved expl	iam)				
DATE					
DATE:					
APPLICATION FOR RENE	EWAL MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NU	MBER: 063600021		CITY OR TOWN LUNENI	BURG
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: J & M GOL	F, INC.		
DOING BUSI	NESS A MAPLEW	OOD GOLF COURSE		
ADDRESS 99	4 NORTHFIELD R	OAD		
CITY/TOWN:	: LUNENBURG	STATE: MA	ZIP CODE: 01462	
MANAGER:	BENEVENTO, JOSEPH	TYPE OF LICENSE: R	Restaurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
TWO ROOMS	S AND TWO REST	ROOMS ON FIRST FLO	OR, CELLAR FOR STORAGE	
I hereby certify	y and swear under po	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	he same premises now licensed;	
2. the	licensee has compli	ed with all laws of the Cor	mmonwealth relating to taxes; and	1
3. the	premises are now of	pen for business (If not ex	plain below)	
SIGNED BY	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Acts of 2004,	signed by the build	ling inspector and the he	the certificate required by Cha ead of the fire department for the surance required by Chapter 1	ne above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)			
DATE:				<u></u> _
APPLICATION FOI	R RENEWAL MUST BE FII	LED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 S	S 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	3600024		CH	YORIO	VIN LUNEINI	OUKU
APPLICATION FOR RE	ENEWAL:	Annua	ıl	LIC	ENSED FOR	2013
		CLAS	S			YEAR
LICENSEE NAME: CA	AROL A. BAKE	R & HENRY A	. BAKER			
DOING BUSINESS A	BAKER'S WHAI	LOM VARIET	Y			
ADDRESS 423 ELECTI	RIC AVE					
CITY/TOWN: LUNEN	BURG	STATE:	MA	ZIP CODE	: 01452	
MANAGER:	TYI	PE OF LICENS	E:Package	e Store	CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL A	ADDRESS		
DESCRIPTION OF LIC						
A VARIETY STORE CO	ONSISTING OF	DISPLAY AR	EA, STO	RAGE ARE	A AND OFFIC	CE
2. the licensee h 3. the premises a SIGNED BY	•	business (If no	t explain b	elow)	ng to taxes; and	d
DATE:	TELEPHON	IE NUMBER:				ATION NUMBER: 1 Security Number)
Please Check Below: APPROVED:			L B		ENSING AUT	HORITY
DISAPPROVED:			Б	<i>,</i> .		
(If disapproved explain)			_			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063	600027	CITY OR TOWN	N LUNENDU	KU
APPLICATION FOR REM	NEWAL: Annual	LICE	NSED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: MA	RY L. PADULA			
DOING BUSINESS A TI	HE HARLEY HOUSE			
ADDRESS 909 MASSAC	HUSETTS AVE			
CITY/TOWN: LUNENB	URG STATE: MA	A ZIP CODE:	01462	
MANAGER:	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASI	E ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		-
DESCRIPTION OF LICE	NSED PREMISES:			
T1 1 20 1				
• •	under penalties of perjury that: ense will be of the same type for t	the same promises no	w licancad:	
	s complied with all laws of the Co	-		
	e now open for business (If not ex	_	, to tanes, and	
SIGNED BY				
Ind	ividual, Partner or Authorized Co.	rporate Officer		
D. 1.000				
DATE:	TELEPHONE NUMBER:		ER IDENTIFICAT Individual Social S	
		(110to. <u>1101</u>)	narviduai Sociai S	ecunty (vullber)
0 ,	est that we are in possession (1)	-	• •	
	he building inspector and the ho e certificate of liquor liability in			
of 2010.				
Please Check Below:		LOCAL LICEN	ISING AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
(Tr				
DATE:				



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LICENSE NUMBE	ER: 063600030		CITY OR TOWN	LUNENBURG	
APPLICATION FO	OR RENEWAL:	LICENSED FOR 2013			
		CLASS		YEAR	
LICENSEE NAME	: ELENA'S GOUR	RMET GROCERY INC	C.		
DOING BUSINESS	S A ELENA'S GOU	RMET GROCERY			
ADDRESS 1 MAIN	N STREET				
CITY/TOWN: LU	NENBURG	STATE: MA	ZIP CODE:	01462	
	RISTOPHER, T'ENA	YPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS	5:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	IISES:			
	nises are now open for	ith all laws of the Compor business (If not explored expl	ain below)	taxes; and	
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED:]		LOCAL LICENS By:	ING AUTHORITY	
(If disapproved exp	lain)				
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY	Y LICENSEES DURING THE M	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16A)	



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LICENSE NU	MBER: 063600031		CITY OR TOWN LUNE	NBURG
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE N	AME: JK WATERFRON	IT INC.		
DOING BUSI	NESS A "ON THE ROCK	KS"		
ADDRESS 96	LAKEFRONT DRIVE			
CITY/TOWN	: LUNENBURG	STATE: MA	ZIP CODE: 01462	
MANAGER:	RICKER,KENNETHTY J.		neral on CATEGOR mise	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMI	SES:		
ADD OUTSIL	DE FENCED-IN DINING	AREA.		
I hereby certify	y and swear under penaltie	s of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now licensed	;
2. the	licensee has complied with	n all laws of the Comn	nonwealth relating to taxes; a	and
3. the	premises are now open for	business (If not expla	in below)	
SIGNED BY		r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Society)	
Acts of 2004,	signed by the building in	spector and the head	e certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 disappiove	a expianij			
DATE:				
	R RENEWAL MUST BE FILED BY I			



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LICENSE NUMBER:	03000032		CITY OR TOWN	LUNENDUKG
APPLICATION FOR R	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	RED PEPPER II	NC		
DOING BUSINESS A	IXTAPA MEX	ICAN CANTINA		
ADDRESS 308 MASS	ACHUSETTS A	AVENUE		
CITY/TOWN: LUNE	NBURG	STATE: MA	ZIP CODE:	01462
MANAGER: CAMAVERA	CHO,JESUS T	YPE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LIC				
RECEPTION AREA, I MENS AND WOMEN			ITS, 4 DINING RO	OMS, KITCHEN,
3. the premises	are now open f	ith all laws of the Comn for business (If not expla	in below)	taxes; and
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indi	ividual Social Security Number)
Acts of 2004, signed b	y the building	inspector and the head	of the fire departn	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain			LOCAL LICENS: By:	ING AUTHORITY
DATE:	,			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063600033		CITY OR TOWN	LUNENBU	RG	
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013		
	CLASS		,	YEAR	
LICENSEE NAME: KHAN MOHIUDDIN					
DOING BUSINESS A HADWEN PARK MA	ARKET				
ADDRESS 1 MAIN STREET					
CITY/TOWN: LUNENBURG	STATE: MA	ZIP CODE:	01462		
MANAGER: MOHIUDDIN,KHA TYPE O N	F LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITI		MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:					
the renewed license will be of the s the licensee has complied with all l 3. the premises are now open for busing SIGNED BY Individual, Partner or A	aws of the Commess (If not expl	monwealth relating to ain below)			
DATE: TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY	
DATE:					



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LICENSE NUMBER:	: 063600037		CITY OR TO	WN LUNENBU	JRG
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ASIAN IMPERIA	AL INC.			
DOING BUSINESS A	A ASIAN IMPER	IAL GARDEN			
ADDRESS 324 ELEC	CTRIC AVENUE -	- UNIT 3			
CITY/TOWN: LUN	ENBURG	STATE: MA	ZIP CODE	E: 01462	
MANAGER: CHEN	I, KE FENG TY	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF L					
APPROX. 2303 S/F V MEN/LADIES BATH		M, SUSHI BAR, KIT(CHEN, STORAC	E AREA & HAI	NDICAP
I hereby certify and sv	wear under penaltie	es of perjury that:			
1. the renewe	d license will be o	f the same type for the	e same premises	now licensed;	
2. the license	e has complied wit	th all laws of the Com	monwealth relati	ng to taxes; and	
3. the premise	es are now open fo	or business (If not expl	lain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TEL EPHO	NE NUMBER:	EMPLO	OYER IDENTIFICAT	TON NUMBER:
	TEEETHO	NE NOMBER.	(Note: NO	$\underline{\Gamma}$ Individual Social S	Security Number)
Wo the midension of	044004 4lb 04 0	i (1) 4l			an 204 af 4h a
		re in possession (1) th nspector and the hea			
named license and (2 of 2010.	2) the certificate (of liquor liability inst	urance required	by Chapter 116	of the Acts
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING THE N	MONTH OF NOVEMBI	ER (M.G.L. Ch. 138 \$ 1/	6A)



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LICENSE NUM	IBER: 063600038		CITY OR	TOWN	LUNENBU	RG
APPLICATION	FOR RENEWAL:	Annua	Annual LICENSED FOR			13
		CLAS	SS			YEAR
LICENSEE NAI	ME: S&K Restaura	nt, Inc				
DOING BUSIN	ESS A Bangkok Hill	l Restaurant				
ADDRESS 177	Massachusetts Ave					
CITY/TOWN:	LUNENBURG	STATE:	MA ZIP C	CODE:	01462	
	Vivatyukan, Fhosaphol	TYPE OF LICENS	SE:Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS			ı
DESCRIPTION	OF LICENSED PRI	EMISES:				
first floor with d front	ining room, kitchen a	area, one handicapp	ed restroom, one	entrance a	and exit and	porch in
 the re the lie 	and swear under pena enewed license will b censee has complied remises are now open	be of the same type is with all laws of the	for the same preme Commonwealth			
SIGNED BY	Individual, Pa	rtner or Authorized	Corporate Office	er		
DATE:	TELEPI	HONE NUMBER:				ION NUMBER:
Acts of 2004, si	igned, attest that we igned by the buildin and (2) the certifica	g inspector and th	e head of the fire	e departn	nent for the	above
Please Check Below	<u>/:</u>		LOCAL	LICENS!	ING AUTHO	ORITY
APPROVED: [By:			
DISAPPROVEI						
(If disapproved of	expiain)					
DATE:						



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LICENSE NUM	BER: 063600039		CITY OR TOWN	LUNENBU	RG
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: B & H Corporation	1			
DOING BUSIN	ESS A Mickey Shea's				
ADDRESS 324	Electric Ave				
CITY/TOWN:	LUNENBURG	STATE: MA	ZIP CODE:	01462	
MANAGER:	Blood, Kyle TYI	PE OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
	OF LICENSED PREMIS				
	view plaza consisting of ourea with pool table, dart			itchen, cookin	g area
	and swear under penalties		10/1 100		
•	enewed license will be of		same premises now	licensed;	
2. the li	censee has complied with	all laws of the Comm	nonwealth relating t	to taxes; and	
3. the p	remises are now open for	business (If not expla	in below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT dividual Social So	
Acts of 2004, si	igned, attest that we are igned by the building ins and (2) the certificate of	spector and the head	of the fire depart	ment for the	above
Please Check Below	<u>r:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVEI (If disapproved					
(aroupprovou (<u>r</u> /				
DATE:					
APPLICATION FOR F	ENEWAL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M	Л.G.L. Ch. 138 \$ 16	iA)



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LICENSE NUMBER	:063600041		CITY OR TOV	VN LUNENBU	JRG
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MELENDEZ MAG	NA,INC			
DOING BUSINESS	A DARIO'S				
ADDRESS 308 MAS	SACHUSETTS AV	E.			
CITY/TOWN: LUN	ENBURG	STATE: MA	ZIP CODE	: 01462	
MANAGER: GON	ZALEZ, ENIO TYP	E OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I					
2500 SQ. FT. WITH AREA, MENS ROOM					.GE
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of t	he same type for the	same premises i	now licensed;	
	ee has complied with			ng to taxes; and	
3. the premis	ses are now open for	business (If not expl	ain below)		
SIGNED BY	Individual Partner	or Authorized Corpo	orate Officer		
	marviduai, i armer	or rumorized corpo	orate Officer		
DATE:	TELEDIJONI	E NILIMDED.	EMPI O	YER IDENTIFICAT	TON NUMBER:
	TELEPHONI	2 NUMBER:		Individual Social S	
					204 04
We the undersigned Acts of 2004, signed					
named license and (of 2010.					
Please Check Below:			LOCAL LICI	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY LI	CENSEES DURING THE M	IONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063	600043		CITY OR T	OWN	LUNENBU	JRG
APPLICATION FOR REI	ICATION FOR RENEWAL: Annual LICENSED FOR 2013					013
		CLASS	S			YEAR
LICENSEE NAME: CE	NTRAL MASS	S GARDEN CEN	NTER			
DOING BUSINESS A C	ENTRAL MAS	SS GARDENS				
ADDRESS 621 CHASE F	ROAD					
CITY/TOWN: LUNENE	BURG	STATE:	MA ZIP COI	DE:	01462	
MANAGER: CAPONE	KEITH TY	PE OF LICENS	E:Package Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEASI	E ALSO VISIT OUR W	VEBSITE AND ENTER Y	OUR EMAIL ADDRESS			
DESCRIPTION OF LICE	NSED PREMI	ISES:				
ENTRANCES ARE LOC. PARKING IS LOCATED						
3. the premises ar	re now open for	r business (If not	Commonwealth rel explain below) Corporate Officer	ating to	o taxes; and	
	, , , , , , , , , , , , , , , , , , , ,					
DATE:	TELEPHON	NE NUMBER:				ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LI	ICENS	ING AUTH	ORITY
DATE:						